

<i>SERFF Tracking Number:</i>	<i>UNAM-127667429</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Constitution Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50053</i>
<i>Company Tracking Number:</i>	<i>CL-C1 APP (11) AR</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Cancer App</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Constitution Life Insurance Company
Product Name: Cancer App SERFF Tr Num: UNAM-127667429 State: Arkansas
TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved State Tr Num: 50053
- Limited Benefit
Sub-TOI: H07I.002A Dread Disease - Cancer Co Tr Num: CL-C1 APP (11) AR State Status: Approved-Closed Only
Filing Type: Form Reviewer(s): Donna Lambert, Rosalind Minor
Author: Julia Bryan Disposition Date: 11/07/2011
Date Submitted: 10/18/2011 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date: 12/07/2011
State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/07/2011
	State Status Changed: 11/07/2011
Deemer Date:	Created By: Julia Bryan
Submitted By: Julia Bryan	Corresponding Filing Tracking Number:
Filing Description:	

We are submitting the above referenced form for your review and approval. This form will replace our previously approved form CL-C1 APP (08) AR which was approved for use in your state on May 16, 2008 under State Tracking Number 38945.

The application CL-C1 APP (11) AR will be used to offer our First Diagnosis of Cancer Benefit policy. This coverage will be marketed on a personal contact basis by our licensed agents.

The Premium Payment Modes and Payment Methods have been bracketed. This will allow us to modify those that are

SERFF Tracking Number: UNAM-127667429 State: Arkansas
 Filing Company: Constitution Life Insurance Company State Tracking Number: 50053
 Company Tracking Number: CL-C1 APP (11) AR
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
 Limited Benefit
 Product Name: Cancer App
 Project Name/Number: /

available in the future. Additionally, we have bracketed the office addresses and telephone numbers so they may be changed without resubmission to the department.

We hope this form will meet with your approval. If you have any questions or comments, please feel free to contact me at (407) 444-4383, or by email at Jbryan@universalamerican.com.

Thank you for your time and consideration in this matter.

Sincerely,
 Julia Bryan
 Sr. Contract Analyst

Company and Contact

Filing Contact Information

Julia Bryan, jbryan@universalamerican.com
 1001 Heathrow Park Lane 407-444-4383 [Phone]
 Suite 5001 407-995-8021 [FAX]
 Lake Mary, FL 32746

Filing Company Information

Constitution Life Insurance Company CoCode: 62359 State of Domicile: Texas
 1001 Heathrow Park Lane Group Code: 953 Company Type:
 Suite 5001 Group Name: State ID Number:
 Lake Mary, FL 32746 FEIN Number: 36-1824600
 (407) 995-8000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 Form @ \$50.00 per form = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>Company Tracking Number:</i>	<i>CL-C1 APP (11) AR</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Cancer App</i>		
<i>Project Name/Number:</i>	<i>/</i>		
Constitution Life Insurance Company	\$50.00	10/18/2011	52940452

SERFF Tracking Number:	UNAM-127667429	State:	Arkansas
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TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Cancer App		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	11/07/2011	11/07/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	10/19/2011	10/19/2011	Julia Bryan	11/07/2011	11/07/2011

<i>SERFF Tracking Number:</i>	<i>UNAM-127667429</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>CL-C1 APP (11) AR</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Cancer App</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 11/07/2011

Implementation Date: 12/07/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNAM-127667429 State: Arkansas

Filing Company: Constitution Life Insurance Company State Tracking Number: 50053

Company Tracking Number: CL-C1 APP (11) AR

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: Cancer App

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Form (<i>revised</i>)	Application for First Diagnosis of Cancer Insurance	Approved	Yes
Form	Application for First Diagnosis of Cancer Insurance	Approved	Yes

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TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: Cancer App
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/19/2011
Submitted Date 10/19/2011
Respond By Date 11/21/2011
Dear Julia Bryan,

This will acknowledge receipt of the captioned filing.

Objection 1

- Application for First Diagnosis of Cancer Insurance, CL-C1 APP (11) AR (Form)

Comment: Please change "I AGREE THAT" to "I REPRESENT THAT." All statements in an application are representations according to 23-79-107.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.
Sincerely,
Donna Lambert

SERFF Tracking Number: UNAM-127667429 State: Arkansas
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 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
 Limited Benefit
 Product Name: Cancer App
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 11/07/2011
 Submitted Date 11/07/2011

Dear Donna Lambert,

Comments:

Thank you for your quick review of the captioned filing.

Response 1

Comments: Per your Objection Letter dated October 19, 2011 I have updated the application as requested. Please see attach.

Related Objection 1

Applies To:

- Application for First Diagnosis of Cancer Insurance, CL-C1 APP (11) AR (Form)

Comment:

Please change "I AGREE THAT" to "I REPRESENT THAT." All statements in an application are representations according to 23-79-107.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Application for First Diagnosis of Cancer Insurance	CL-C1 APP (11) AR		Application/Enrollment Form	Revised	38945	40.800	CL-C1-APP 11 AR.pdf
Previous Version							
Application for First Diagnosis of Cancer	CL-C1 APP (11)		Application/Enrollment Form	Revised	38945	40.800	CL-C1-APP 11

<i>SERFF Tracking Number:</i>	<i>UNAM-127667429</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Constitution Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50053</i>
<i>Company Tracking Number:</i>	<i>CL-C1 APP (11) AR</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>Cancer App</i>		
<i>Project Name/Number:</i>	<i>/</i>		
Insurance	AR		AR.pdf

No Rate/Rule Schedule items changed.

If you have any further questions or concern, I can be reached at jbryan@univeralamerican.com or (800) 538-1053 ext. 4104383.

Sincerely,
Julia Bryan

SERFF Tracking Number: UNAM-127667429 State: Arkansas

Filing Company: Constitution Life Insurance Company State Tracking Number: 50053

Company Tracking Number: CL-C1 APP (11) AR

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: Cancer App

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 11/07/2011	CL-C1 APP (11) AR	Application/ Enrollment Form	Application for First Diagnosis of Cancer Insurance	Revised	Replaced Form #: CL-C1 APP (08) AR Previous Filing #: 38945	40.800	CL-C1-APP 11 AR.pdf

CONSTITUTION LIFE INSURANCE COMPANY

HOME OFFICE: [Houston, Texas] ADMINISTRATIVE OFFICE: [P.O. Box 13547 • Pensacola, Florida 32591-3547]

APPLICATION FOR FIRST DIAGNOSIS OF CANCER INSURANCE

APPLICATION DATE

M M D D Y Y Y Y

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REQUESTED EFFECTIVE DATE

M M D D Y Y Y Y

--	--	--	--	--	--	--	--

POLICYHOLDER

☐ NEW ☐ CURRENT ☐ REINSTATEMENT

POLICY NO.

--	--	--	--	--	--	--	--

PROPOSED INSURED NAME

Last	Suffix	First	MI	Social Security Number	
Address (Street/Rural Route)		City	County	State	Zip Code
Area Code/ Telephone		Area Code/Cellular Telephone		Best Time/ Day to Call	
Age	Gender	Birthdate (MMDDYYYY)			State of Birth

Spouse to be insured (Print last name, first name, MI)

Date of Birth

State

	Gender	Age	Month	Day	Year	of Birth

Child(ren) to be insured (Print last name, first name, MI)

Date of Birth

State

	Gender	Age	Month	Day	Year	of Birth

For additional Children, please attach a separate sheet of paper, signed by the Proposed Insured, including the above information for each child.

BENEFIT

First Diagnosis of Cancer Policy Benefit Amount – Proposed Insured

BENEFIT AMOUNT

\$ _____

ANNUAL PREMIUM

\$ _____

OPTIONAL RIDER BENEFITS

☐ Spouse First Diagnosis of Cancer Rider Benefit Amount

\$ _____

\$ _____

☐ Child's First Diagnosis of Cancer Rider Benefit Amount

\$ _____

\$ _____

TOTAL ANNUAL PREMIUM:

\$ _____

AMOUNT PAID WITH APPLICATION:

\$ _____

PAYMENT MODE: (check one)

☐ Annual

☐ Semiannual

☐ Quarterly

☐ Monthly

PAYMENT METHOD: (check one)

☐ Credit Card

☐ PAC

☐ Direct Bill (Quarterly or Monthly not available as Direct Bill)

ANSWER THE FOLLOWING QUESTIONS

1. In the past 5 years has any person to be insured been hospitalized, treated or been advised by a Medical Professional/Doctor, or had diagnostic procedures and follow up for:

Insured
YES NO

Spouse
YES NO

Child
YES NO

a) Cancer, Malignancy, Leukemia, Melanoma, Lymphoma, Hodgkin's disease?

☐ ☐

☐ ☐

☐ ☐

(If answered "Yes," please provide details below.)

b) Elevated PSA tests, Abnormal Pap test or Mammogram, Tumors, Growth, Bleeding moles or Blood in the Stool? (If answered "Yes," please provide details.)

☐ ☐

☐ ☐

☐ ☐

Name of Person	Details

2. In the past 10 years has any person to be insured been diagnosed as having or treated by or advised to be treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS); Aids Related Complex (ARC); or tested positive for exposure to the Human Immunodeficiency Virus (HIV) virus? (If answered "Yes," that person will not be eligible for coverage.)

☐ ☐

☐ ☐

☐ ☐

3. Tobacco Use Information: To be completed by all Applicants

Does an insured now use or have they used tobacco products in any form within the last 12 months? **(If "yes" complete information below.)**

Insured	Spouse	Child
YES NO	YES NO	YES NO
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Name of Person	Type	Frequency

4. Is this coverage replacing any health insurance in this or any other company? (If "Yes," complete information below.)

<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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Company Name and Address	Policy No.	Type of Coverage	Effective Date	Benefits

5. Does any person to be insured have any First Diagnosis of Cancer lump sum coverage currently in force with this Company or any other company? ☐ Yes ☐ No (If "yes" complete the following.) Maximum coverage available is \$50,000.

Name of Person	Company	Policy Description/Form No.	Amount of Coverage
			\$
			\$
			\$

AUTHORIZATION: I hereby authorize any physician, medical practitioner, hospital, clinic or other medical or medical-related facility, insurance company, the Medical Information Bureau, Pharmaceutical Database, or other organization, institution or person, that has records or knowledge of me or any other family member applying for insurance to give to the Constitution Life Insurance Company, or its reinsurers, any such information including, but not limited to physical and mental conditions, including psychiatric treatment and/or drug and/or alcohol abuse and/or HIV/AIDS related records. This authorization shall be valid for a period of two (2) years from the date signed. A photocopy of this authorization shall be as valid as the original. I understand that I, or my authorized representative, may receive a copy of this authorization upon request. This authorization may be revoked at any time subject to the rights of anyone who acted in reliance upon the authorization prior to notice of its revocation. This authorization may be revoked upon submission of a written notice to the Company's Administrative Office. If this authorization was obtained as a condition of obtaining insurance coverage, your right to revoke is also subject to the rights of the Company under any law granting the Company the right to contest a claim under the policy or the policy itself. Revocation or failure to sign the authorization may be a basis for denying an application or eligibility for benefits.

I REPRESENT THAT: 1. All answers in this application (a) are true and complete to the best of my knowledge; and (b) will be relied on to determine insurability. 2. If the minimum premium is paid on the date the application is signed, the policy and rider(s) applied for will be in effect from that date, subject to: (a) underwriting requirements; (b) the terms of the attached receipt; (c) the terms of the policy and rider(s); and (d) Constitution Life's right to rescind the policy. A minimum premium is an amount equal to the full premium for the mode chosen on the application on the policy applied for. 3. If the minimum premium is not paid as provided in No. 2, then no insurance will be in effect unless; (a) during the lifetime of the person proposed for insurance, a rider is delivered and accepted and the entire first premium is paid; and (b) at the time of either delivery and acceptance or payment, whichever is later, all answers in this application are still true and complete to the best of my knowledge. 4. The agent is not authorized to waive the terms of the receipt.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I acknowledge that all persons to be covered under this policy are not covered also by any Title XIX program (Medicaid, MediCal or any similar name). I acknowledge receiving: (1) An Outline of Coverage (All applicants); and (2) "A Guide to Health Insurance for People With Medicare" (For applicants age 65 and over).

Signature of Proposed Insured X_____

Signature of Proposed Insured Spouse X_____

Application Signed in:_____

City

State

Date

All premium checks must be payable to the Company; do not make check payable to the agent or leave payee blank.

I HEREBY CERTIFY THAT I HAVE TRULY AND ACCURATELY RECORDED ON THIS APPLICATION THE INFORMATION SUPPLIED BY THE APPLICANT.

YES NO

Do you have any knowledge or reason to believe that replacement of existing health insurance may be involved? ☐ ☐

Agent Printed Name	X _____	% _____	Agent Code
	Signature of Licensed Agent		

Agent Printed Name	X _____	% _____	Agent Code
	Signature of Licensed Agent		

SERFF Tracking Number:	UNAM-127667429	State:	Arkansas
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TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	Cancer App		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item:	Flesch Certification	Date:
Comments:	Approved	11/07/2011
Attachment:		
READABILITY CERTIFICATION - AR cancer.pdf		

	Item Status:	Status
Bypassed - Item:	Application	Date:
Bypass Reason:	Approved	11/07/2011
Comments:	Application is attached in the Form Schedule tab.	

	Item Status:	Status
Bypassed - Item:	Health - Actuarial Justification	Date:
Bypass Reason:	Approved	11/07/2011
Comments:	Not Applicable	

	Item Status:	Status
Bypassed - Item:	Outline of Coverage	Date:
Bypass Reason:	Approved	11/07/2011
Comments:	Not Applicable	

READABILITY CERTIFICATION

Filing for: Constitution Life Insurance Company
P.O. Box 13547
Pensacola, Florida 32591

FORM NUMBER	FORM NAME	FLESCH SCORE
CL-C1 APP (11) AR	Application for First Diagnosis of Cancer Insurance	40.8

I certify that the Flesch Reading Ease Score(s) for the above form(s) is/are true and correct.

Michelle Doherty

Digitally signed by Michelle Doherty
DN: cn=Michelle Doherty, o=Universal American,
ou=Product Filing & Compliance,
email=mdoherty@universalamerican.com, c=US
Date: 2011.10.17 14:13:47 -04'00'

Michelle Doherty
Vice President, Product Filing Compliance
October 17, 2011